



Modified 02-03

PTO/SB/21 (01-03)
Approved for use through 9/30/00. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application / Conf. No.	10/624,832 / 6570
	Filing Date	July 21, 2003
	First Named Inventor	Steven P. Young
	Examiner Name	Anh Q. Tran
	Art Unit	2819
	Patent No.	
Mail Stop: AMENDMENT	Attorney Docket Number	X-1335 US
Express Mail Receipt No.		
Total Number of Pages in This Submission		

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (with Recordation Cover Sheet)	<input type="checkbox"/> After Allowance Communication to
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Declaration / Oath	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Affidavit(s)/declaration(s)	<input type="checkbox"/> Petition -	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Change Status to LARGE ENTITY	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement (Supplemental)	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> Substitute PTO-1449(s) IDS by Applicant (PTO/SB/08A)	Remarks	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Customer Number	24309 (Customer Number)	Reg. Number 37,652
Attn:	Kim Kanzaki	
Signature		
Date	March 1, 2005	Charge any additional fees required/credit any overpayment to our Deposit Account Number: 24-0040

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on this date: March 1, 2005			
Typed or Printed Name	Pat Slaback		
Signature		Date	March 1, 2005

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PTO/SB/17 (10-02)
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2003 <i>Patent fees are subject to annual revision</i>		Complete if Known		
		Application / Conf. No.	10/624,832 / 6570	
		Filing Date	July 21, 2003	
		First Named Inventor	Steven P. Young	
		Examiner Name	Anh Q. Tran	
		Art Unit	2819	
TOTAL AMOUNT OF PAYMENT	(\$)	180.00	Attorney Docket No.	X-1335 US

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees, any additional fees required, and credit any over payments to:</p> <p><input checked="" type="checkbox"/> Deposit Account</p> <p>Deposit Account Number: 24-0040</p> <p>Deposit Account Name: XILINX, INC.</p>		3. ADDITIONAL FEES	
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity			
Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	Utility filing fee	
1002	330	Design filing fee	
1003	510	Plant filing fee	
1004	790	Reissue filing fee	
105	160	Provisional filing fee	
SUBTOTAL (1)		(\$)	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims	-20** =	Extra	Fee from below
Indep. Claims	- 3** =		
Multiple Dependent Claims			
**or number previously paid, if greater; For Reissues, see below			
Large Entity			
Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	18	Claims in excess of 20	
1201	86	Independent claims in excess of 3	
1203	290	Multiple dependent claim, if not paid	
1204	86	**Reissue independent claims over original patent	
1205	18	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$)	
		3. ADDITIONAL FEES	
		Large Entity Fee Code	Fee (\$)
		1051	130
		1052	50
		1812	2,520
		1804	920*
		1805	1,840*
		1251	120
		1252	450
		1253	1020
		1254	1,530
		1255	2,080
		1401	500
		1402	500
		1403	1000
		1451	1,510
		1452	110
		1453	1,370
		1501	1,370
		1460	130
		1807	50
		1806	180
		8021	40
		1809	790
		1810	790
		1801	790
		Other fee (specify) _____	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$)	
		180.00	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Kim Kanzaki	Registration No. (Attorney/Agent)	37,652
Signature		Telephone	408-879-6149
		Date	03-01-2005

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, Virginia, 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450.